

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: POSITIONING SYSTEM FOR AN  
APPLICATOR AND POSITIONING METHOD  
FOR AN APPLICATOR

Attorney Docket Number:: 011350-335

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?: No

Latin Name:

Variety Denomination Name:

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: Japan

Status: Full Capacity

Given Name: Hiroshi

Middle Name:

Family Name: SHIONO

Name Suffix:

City of Residence: Ashigarakami-gun

State or Province of Residence: Kanagawa

Country of Residence: Japan

Street of Mailing Address: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,  
Nakai-machi

City of Mailing Address: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Akira

Middle Name::

Family Name:: SAKAGUCHI

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,  
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Shin  
Middle Name::  
Family Name:: MAKI  
Name Suffix::  
City of Residence:: Ashigarakami-gun  
State or Province of Residence:: Kanagawa  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,  
Nakai-machi  
City of Mailing Address:: Ashigarakami-gun  
State or Province of Mailing Address:: Kanagawa  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing  
Address:: 259-0151

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::                      Continuity Type::                      Parent Application::      Parent Filing  
Date::

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-087932	03/27/03	Yes

### **Assignee Information**

Assignee Name::                      TERUMO KABUSHIKI KAISHA

Street of Mailing Address::                      44-1, Hatagaya 2-chome

City of Mailing Address::                      Shibuya-ku

State or Province of Mailing Address:: Tokyo

Country of Mailing Address::                      Japan

Postal or Zip Code of Mailing  
Address::                      151-0072